

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Carsenville

Registration District No. 789
Primary Registration District No. 60333
(No. 8649 Natural Bridge Rd)

File No. 41436
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Balbina Wolf
(a) Residence, No. 8649 Natural Bridge Rd. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wolf</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6 - 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>		
FATHER	13. NAME <u>John Schatts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>	
17. INFORMANT (ADDRESS) <u>8649 Natural Bridge Rd</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>Dec 7</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>L. B. Tarnley</u> <u>607 Natural Bridge Rd</u>		
20. FILED <u>12/6</u> 19 <u>32</u> <u>Opella Brey M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Self-inflicted gunshot wound through head by revolver. (Suicidal)

Date of onset _____

Other contributory causes of importance: 167 5

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 12/4 1932
Where did injury occur? Carsenville, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury gunshot wound through head
Nature of injury from temple to temple

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John B. Quinn, M. D.
(Address) 3714 Cinnings Rd
St Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM NO. 10-3-32 REPRODUCED FOR BRUNING

